Effective October 1, 2000 09 73/623												7
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)									SMALL ENTITY OTHER THA			R THAN
TOTAL CLAIMS								RATE	FEE	٦ ^{``}	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FE			BASIC FEE		
TOTAL CHARGEABLE CLAIMS		04 minus 20=		• 24			X\$ 9=	1	-1	4X\$18=	 	
INDEPENDENT CLAIMS			3 minus 3 =		. ,			X40=	-	7	Y22	72.v
MULTIPLE DEPENDENT CLAIM PRESENT										HOR	X80=	
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=	<u> </u>	OR	+270=	
		LAIMS AS					TOTAL		OR	_	783,0	
		(Column 1)		(Column 2) (Column				SMALL	ENTITY	OR	OTHER SMALL	
MA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total	. 24	Minus		1	=0		X3-9=	FEE		X\$18= .	FEE
	Independent	. 3 :	Minus	3		<u>- 2</u>		X40=	 	ОŖ	X80=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	7402	 \	OR	X60= \	
_								+135=		OR/	+270=	
	6-28-						TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
-		(Column 1)	P	(Colun		(Column 3)						
TEN S		REMAINING AFTER AMIENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	. 24	Minus		4	· 0		X\$ 9=		OR	X\$18=	
	Independent	3	Minus		3	. 0		X40=		OR	X80=	0
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	ENDENT	CLAIM		ŀ	.125		1		<u>.O</u>
							L	+135±		OR	+270=	0
		(Column 1)		10.1			Al	DDIT. FEE	<u> </u>	OR	ADDIT. FEE	0
		(Column 1) CLAIMS	[TT 1]	(Colum		(Column 3)	_				·	
5 1		REMAINING AFTER AMENOMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••			Г	XS 9=		OR	XS18=	755
	Independent		Minus	•••			H	X40=				
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		-	740E		OR	X80=	
. 11	the entry in colum	nn 1 is less than th	a antor in cohe	200 2 write 2	*** : !-		Ŀ	+135=		OR	+270=	
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR											
1	he "Highest Num	ber Previously Paid	For (Total or	independen	iess than il) is the	ı 3, enter "3." highest number			ropriate box	in cotu	ODIT. FEE L ma 1.	
	_ () ' _											I

Application or Docket Number